

Patient satisfaction with the management of infertility

Vivienne L.Souter¹, G.Penney^{1,4}, J.L.Hopton³ and A.A.Templeton²

¹Gynaecology Audit Project in Scotland and ²Department of Obstetrics and Gynaecology, Aberdeen Maternity Hospital, Foresterhill, Aberdeen AB25 2ZL and ³University of Edinburgh Department of General Practice, 20 West Richmond Street, Edinburgh, UK

⁴To whom correspondence should be addressed

The objective of this study was to assess patient satisfaction with the investigation and initial management of infertility. A postal questionnaire survey was carried out of 1366 women attending outpatient clinics for the investigation and initial management of infertility at 12 hospitals throughout Scotland. The response rate to the questionnaire was 59% (806/1366). Overall, 87% of responders were satisfied or very satisfied with their care but a number of deficiencies were identified. Thirty-nine per cent had never been asked to bring their partner to the clinic and 86% felt they had not been given enough help with the emotional aspects of infertility. Forty-seven per cent felt they were not given a clear plan for the future and 23% of those who had been given drug treatments reported receiving little or no information about the treatment or possible side-effects. Overall, only a third had been given any written information and 78% expressed a wish for more written information. Women ranked 'the information and explanation given' and the 'attitude of the doctor at the clinic' highly in comparison to other aspects of their care, including 'help with the emotional aspects of infertility'. In general women were satisfied with their care but improvements may be made by giving more explanation and written information and by adopting a more couple-centred approach. Where resources allow, clinics should take steps to address the emotional aspects of infertility.

Key words: infertility/patient satisfaction

Introduction

Patient representative groups have for some time expressed disquiet about infertility services and this has been reflected in the results of patient satisfaction surveys in the UK (Owens and Read, 1984; Bromham *et al.*, 1988; Pfeffer and Quick, 1988). These surveys have suggested there is dissatisfaction with a number of aspects of care (e.g. the way the investigations are performed, the attitude of medical staff in general and to the male partner in particular, and the lack of help with the emotional aspects of infertility) but they have tended to focus

on members of patient representative groups rather than all patients attending with infertility (Owens and Read, 1984; Bromham *et al.*, 1988; Pfeffer and Quick, 1988). This postal questionnaire survey was performed as part of the Gynaecology Audit Project in Scotland (GAPS) audit of the investigation and initial management of infertility and aimed to obtain the views of infertile women attending gynaecology outpatient departments at 12 Scottish Hospitals.

Materials and methods

A postal questionnaire survey (see Appendix) of 1366 patients was carried out as a part of a prospective audit of the management of infertility in Scotland. Twelve hospitals participated in the study. These centres covered a wide geographical area and comprised both district general and teaching hospitals, including the four tertiary referral centres for infertility in Scotland. Each centre identified between 71 and 200 women attending gynaecology outpatient clinics consecutively with infertility between July 1995 and April 1996.

The main topics addressed by the questionnaire (e.g. waiting times at the clinic, the type of clinic, the doctor's attitude, information and explanation, emotional help and counselling and attending as a couple) were chosen because they had been identified as important in previous patient satisfaction surveys and in surveys of infertile patients (Owens and Read, 1984; Bromham *et al.*, 1988; Hall and Dornan, 1988; Pfeffer and Quick, 1988; Fitzpatrick, 1991; Bruster *et al.*, 1994). Structured interviews with ten infertile couples currently undergoing investigation and treatment and two members of a patient representative group for infertility confirmed that these issues were considered important by patients. Final alterations were made to the questionnaire following a pilot study involving 20 patients.

The questionnaire comprised 20 main questions: both episode-specific questions (relating to the most recent hospital visit) and about satisfaction with the clinic in general. In 14 of the 20 questions, the responder had the option of answering only 'yes' or 'no' while in a further five, there were four answer options (e.g. very satisfied, satisfied, dissatisfied and very dissatisfied) so that the strength of the responder's feelings on the subject could be assessed. One of the questions was subdivided to cover eight aspects relating to the doctor's attitude at the most recent hospital visit (see Table I). The remaining question asked responders to rank five aspects of their care (see Table II) in order of relative importance to them: 1 being the most important to them and 5 being the least important.

The questions were interspersed with blank areas in which patients were invited to make comments or expand on their answers. The final page of the questionnaire was divided into three sections where responders were asked to make written comments specifically about unsatisfactory or upsetting experiences at the clinic, anything that had been especially encouraging or helpful and any changes which they thought would improve the service.

A covering letter and a stamped addressed envelope were enclosed with the questionnaire. The covering letter explained the aims of the

Table I. Answers to specific questions about the attitude of the doctor at the most recent clinic visit

Did the doctor at your most recent hospital visit:	Response of 'yes'	
	No.	(%)
Behave politely towards you?	782/794	(98)
Appear good at his/her job?	741/778	(95)
Listen to what you had to say?	739/786	(94)
Explain things to you?	687/781	(88)
Make it easy for you to ask questions?	632/781	(81)
Show an interest in you as a person?	616/775	(79)
Appear sympathetic?	600/755	(79)
Let you take part in any decisions?	590/751	(79)

Table II. The overall rank given to each of five suggested aspects of care and the percentage of responders who chose each one as the most important to them

Aspect of care	Overall rank (sum of scores)	Responders who ranked it as number one (n = 620)	
		No.	(%)
The information and explanation given	1 (1265)	211	(34)
The doctor's attitude	2 (1360)	241	(39)
The way the investigations are done	3 (1618)	107	(17)
Help with the emotional side of infertility	4 (2237)	33	(5)
The waiting time at the clinic	5 (2828)	26	(4)

project, that responses were anonymous and that participation was entirely voluntary. Non-responders were not re-mailed.

Approval for the survey was sought from the Medical Ethics Committees serving all twelve hospitals. There were no objections to the survey but the Committee serving two of the hospitals stipulated that questionnaires could only be sent to women who had given prior written consent. Thus, in ten hospitals, postal questionnaires were sent to all women attending outpatient clinics with infertility during the audit period. In the remaining two hospitals, they were sent only to those women from whom the clinic staff had obtained prior written consent. The questionnaires were sent as soon as possible after the index visit.

Additional information was collected from the case notes of these patients by audit assistants in each of the 12 centres and recorded in a structured data collection form.

The results of the questionnaire and case note review were entered into a Borland Paradox database and analysed using Microsoft Excel (analysis of variance: ANOVA) and Epi Info (χ^2 -test).

Results

Of the women surveyed, 59% (806/1366) responded to the questionnaire. The response rates for individual hospitals ranged from 45% (31/69) to 81% (79/97). Information from the case note review was linked with the results of the questionnaire to give more background information about the responders. There were no significant differences between responders and non-responders in terms of age (ANOVA, $P = 0.72$) or whether they had had a previous successful pregnancy (Mantel-Haenszel test, $P = 0.25$). The mean age of responders

(and of non-responders) was 30 years and only 27% of them had a history of one or more successful pregnancies. The average number of clinic attendances was 2.7 and the average duration of infertility was 3 years. Thirty-one per cent had attended the clinic only once. The diagnosis was unavailable or not yet established in 51% (415/806) of cases. Of those with an established diagnosis, 25% had unexplained infertility, 22% (84/391) were due to a male factor, 16% were due to an ovulatory problem, 9% were due to tubal damage, 7% were due to endometriosis and 21% were due to other or multiple factors.

Overall satisfaction

Overall, satisfaction with medical care was high with 87% (692/800) of women saying they were satisfied or very satisfied with the care they had received. Eleven per cent (92/800) were dissatisfied and only 2% (15/800) very dissatisfied.

There was no significant difference in overall satisfaction with the clinic between those attending for the first time (250/278; 90% satisfied) and those who had attended more than once (422/495; 89%) (χ^2 -test, $P = 0.74$) nor between those who had been seen by a consultant on a least one occasion (469/534; 89% satisfied) and those who had never been seen by a consultant (223/266; 84% satisfied) (χ^2 -test, $P = 0.076$). There were, however, significantly more satisfied patients among those who attended a dedicated infertility clinic (533/601; 89%) as compared to those who attended a general gynaecology clinic (145/178; 81%) (χ^2 -test, $P = 0.004$). There was also a significant difference in satisfaction between those patients who attended the clinic with their partner on at least one occasion (435/486; 89% satisfied) and those who had never attended with their partner (243/293; 83% satisfied) (χ^2 -test, $P = 0.006$). Of 495 patients who had attended the clinic on more than one occasion, satisfaction was more common among those who had been seen by only one doctor (175/190; 92%) compared to those who were seen by more than one doctor (248/305; 81%) (χ^2 -test, $P = 0.0007$).

Organizational aspects of the clinic

Women were divided in opinion about the type of clinic they would prefer to attend if given a choice. While 40% (319/800) said they would prefer to attend a dedicated infertility clinic, 10% (82/800) favoured a mixed gynaecology clinic and 50% (399/800) said the type of clinic was not important to them.

Thirty-nine per cent (312/796) had not been asked to bring their partner to the clinic at any time and 18% (147/794) had experienced problems with a lack of continuity of medical staff.

Waiting time at the clinic

Responders were asked about the time they had waited at their most recent clinic visit. Forty-nine per cent (393/804) did not see a doctor until after their allotted appointment time but, of those taken late, 69% (273/393) felt that the delay was acceptable. The average reported delay was 25 min and 6% of patients waited an hour or more beyond their appointment time.

The doctor's attitude

More than 90% of women felt that the doctor at their most recent clinic visit listened to what they had to say, behaved

politely and appeared good at his or her job. However, approximately one in five patients thought the doctor did not show an interest in them as a person, did not seem sympathetic, was not easy to ask questions of or did not let them take part in decision-making (Table I). Twelve per cent (93/771) said the doctor did not explain things to them and 45% (360/805) had questions they would have liked to ask at the clinic, but did not have the opportunity to do so.

Information and explanation

Twenty-one per cent (160/759) felt there had been little or no information given to them about the possible causes of their infertility. Overall, only 33% (257/784) had received any written information from their clinic and 78% (603/771) would like more literature. Forty-seven per cent (419/792) felt they had not been given a clear plan for the future and, of 387 women who had received drug treatments, 23% (90/387) reported receiving little or no information about their treatment or possible side-effects.

Investigations

Ninety-four per cent (614/650) of patients who had undergone investigations said these had been explained to them but 20% thought that there had been excessive repetition of tests. More than a quarter (27%; 161/592) said it had taken too long for the investigations to be carried out and 32% (161/592) felt that the time taken to receive results was too long.

Emotional support and counselling

Only 14% (109/787) felt they had been given help from the clinic with the emotional aspects of infertility. Fourteen per cent of responders said they had been offered counselling and 57% (431/761) said they would take up infertility counselling if it was offered to them at this point in time.

Ranking of aspects of care

A total of 618 (77%) of the responders answered this question completely. Women who omitted the question or answered incompletely were excluded. 'The doctor's attitude' was most commonly ranked number 1, closely followed by 'the information and explanation given'. 'The waiting time at the clinic' was least commonly ranked as number 1. The ranks were summed for each of the aspects of care to give an overall rank (Table II). Again, 'the information and explanation given' and 'the doctor's attitude' were ranked most highly of the five aspects of care.

Written comments

All 806 returned questionnaires were reviewed and the written comments categorized into common themes. A total of 598 women (74% of responders) made written comments. Of these, 25% praised the attitude of the clinic staff (Table III). Eleven per cent (66/598) of comments related to problems with a lack of continuity of medical staff and 9% (53/598) to dissatisfaction with the doctor's attitude towards them. When asked to suggest any changes which they felt may improve the service, 10% (59/598) cited 'more written information'. 'Greater availability of counselling', 'more help with the emotional aspects of

Table III. The five commonest subjects of written comments made by responders

Subject of the written comments	Responders (n = 598)	
	No.	(%)
Praising the attitude of the staff in general	150	(25)
Problems with a lack of continuity of medical staff	66	(11)
Dissatisfaction with the doctor's attitude towards them	53	(9)
Inadequate information and explanation	42	(7)
Good explanation and information	41	(7)

Table IV. Written suggestions made by responders as to how they would suggest the service could be improved

Suggestions as to how the service could be improved	Responders (n = 598)	
	No.	(%)
More written information	59	(10)
More counselling/help with the emotional aspects of infertility	54	(9)
More explanation and information	33	(5)
Greater continuity of medical staff	30	(5)
More frequent clinic appointments	25	(4)

Table V. Selected quotes from responders illustrating some of the commonest themes among the written comments

'I have found several nurses and doctors very understanding and I now realize I am not the only one with this problem'
'You can talk freely with the doctor and he explains everything which makes my husband and I feel so much easier with our situation'
'Some of the questions I've asked which were really worrying me were treated as though they were trivial'
'Doctors could use more interpersonal skills to ask about me as a person. I have never been asked how I felt about any aspect of my treatment'
'Doctors in this field need to be able to put their patients at ease. It's a very stressful and emotionally draining time for a couple. Doctors need to be aware of this and show it to patients'
'Written leaflets explaining treatments and procedures could be given out'
'I found the reading material very helpful. It helped in the discussion between me and my husband'
'Explanation of investigations and time scales would be helpful'
'Seeing different doctors at every visit whose opinions vary considerably, we have a distinct sense of inconsistency of care'

infertility', 'more information and explanation', 'greater continuity of medical staff' and 'more frequent clinic appointments' were among other common suggestions (Table IV). A number of quotes which illustrate recurring themes in the written comments are shown in Table V.

Discussion

To our knowledge, this is the largest questionnaire survey of infertile women that has been carried out in the UK. Unlike some previous surveys (Owens and Read, 1984; Pfeffer and Quick, 1988), the questionnaire was mailed to patients currently undergoing investigation and treatment, not specifically to members of patient representative groups. The response rate of 59% is lower than the 77% reported by Owens and

Read (1984) when they surveyed members of the National Association for the Childless but almost twice as high as the 31% achieved in a survey which included patients who were not members of self-help groups (Bromham *et al.*, 1988).

Patient satisfaction is difficult to assess and define. In general, surveys reveal high levels of overall satisfaction with medical care, making it more difficult for practitioners and managers to prioritize areas of service development. More specific questions are needed to provide useful information about the service being provided (Bruster *et al.*, 1994). This survey collected detailed information about specific aspects of care as well as asking about the relative importance of some of these.

A common criticism of patient satisfaction surveys is that they focus primarily on organizational or 'hotel' aspects of care which are relatively easy to define and measure and are attractive to managers as performance indicators (Fitzpatrick, 1991). One such question included in the present survey related to the waiting time at the clinic. The majority of patients were tolerant of the delay at their clinic and waiting times were given a low priority in relation to other aspects of care, suggesting that the managerial emphasis which is often placed on this does not reflect patients' priorities.

Similarly, patients did not appear to have any strong feelings about attending a general gynaecology clinic as opposed to a specialist infertility clinic, suggesting that, in general, they were not biased towards specialist infertility clinics. However, there was greater satisfaction among those attending such clinics. There was also an association between continuity of care and overall satisfaction.

The two aspects of care which were ranked most highly in terms of importance were 'the information and explanation given' and the 'doctor's attitude'. The survey identified a need for more information and explanation, particularly in relation to the possible causes of infertility and drug treatments. A minority of patients had received written information and a large majority reported they would like more literature. Almost half left the clinic with unresolved questions or without a clear plan about possible future investigations and treatments. More effective and frequent use of written information is clearly indicated as having the potential to address some of the patients' information needs.

The survey highlighted the importance of the doctor's attitude, which was ranked highly by patients. Improvements may be made by doctors by allowing couples to take part in decision making and giving them the opportunity to initiate questions.

The time taken for investigations to be performed and for results to reach patients has been criticized in previous studies (Owens and Read, 1984; Pfeffer and Quick, 1988). More than a quarter of women echoed these sentiments but it is worth noting that 'the way the investigations are done' ranked lower overall than 'the information and explanation given', and 'the doctor's attitude'. Five per cent of those women who made written comments felt that clinic visits were too infrequent and some appeared to lack understanding of the importance of the duration of infertility in making decisions about appropriate treatment. Specific explanation and written information about

the time scale for investigations and treatment at the initial clinic visit may be helpful to patients.

Most women felt that they had not been given help with the emotional aspects of infertility. This is something that has been repeatedly highlighted in patient surveys (Owens and Read, 1984; Hall and Dornan, 1988; Pfeffer and Quick, 1988) and infertility guideline documents (Fertility Committee of the RCOG, 1992; SOHHD, 1993). It would seem that this area is still not being adequately addressed in outpatient clinics. One of the reasons for this may be the relatively few published studies clearly demonstrating benefits of counselling (Bresnick and Taymor, 1979; Rosenfield and Mitchell, 1979; Domar *et al.*, 1992). If more than half of women did indeed take up the offer of counselling, as this survey suggested, the financial costs to an already stretched service would be considerable. Interestingly however, 'help with the emotional side of infertility' was not ranked highly in comparison to the other areas of care. It may be that aspects of care which are less costly and perceived as higher priorities by those using the service should be addressed first.

Finally, more than a third of women had not been asked to bring their partner to the clinic at any time. It is paradoxical that although a male problem is the single commonest identifiable factor (Hull *et al.*, 1985), infertility is still perceived as a predominantly female problem. Many written comments related to the fact that the partner had been left in the waiting room or ignored during the consultation. There were few women who said they did not want their partner to attend and most were positive about their partner being involved. There was greater satisfaction with care among those women who attended with their partner on a least one occasion. This may be a reflection of satisfaction with other positive features in clinics where partners are encouraged to attend rather than the couple-based approach *per se*.

In conclusion, the women who responded to the questionnaire were, in general, satisfied with their care and it was only on asking more specific questions that inadequacies in the service were identified. Improvements may be made by giving patients more explanation and written information (particularly in relation to the causes of infertility, the time scale for investigation and treatment, and drug treatments), by streamlining the process of investigation and by ensuring that patients have the opportunity to ask questions. Clinics should strive for a more couple-centred and holistic approach and, where resources allow, take steps to address the emotional aspects of infertility.

Acknowledgements

Gynaecology Audit Project in Scotland is funded by the Clinical Resource and Audit Group (CRAG) of the Scottish Office Department of Health. The views expressed in this paper are those of the authors and do not represent the views of CRAG or the Department. The authors would like to thank Dr Barbara Thomson and Dr Margaret Reid for their advice about the questionnaire. We would also like to thank all the responders to the questionnaire and the staff of the gynaecology units in the following 12 hospitals who participated: Aberdeen Royal Infirmary; Crosshouse Hospital, Kilmarnock; Forth Park Hospital, Kirkcaldy; Glasgow Royal Infirmary; Monklands Hospital, Airdrie; Ninewells Hospital, Dundee; Raigmore Hospital,

Inverness; Stirling Royal Infirmary; St Johns Hospital, Livingston; The Royal Alexandra Hospital, Paisley; The Royal Infirmary of Edinburgh; The Western Infirmary, Glasgow.

References

- Bresnick, E. and Taymor, M.L. (1979) The role of counseling in infertility. *Fertil. Steril.*, **32**, 154–156.
- Bromham, D.R., Balmer, B., Clay, R. *et al.* (1988) Disenchantment with infertility services: A survey of patients in Yorkshire. *Br. J. Fam. Plan.*, **14**, 3–8.
- Bruster, S., Jarman, B., Bosanquet, N. *et al.* (1994) National Survey of Hospital Patients. *Br. Med. J.*, **309**, 1542–1549.
- Domar, A.D., Zuttermeister, P.C. and Seibel, M. (1992) Psychological improvement in infertile women after behavioral treatment: a replication. *Fertil. Steril.*, **58**, 144–147.
- Fertility Committee of the Royal College of Obstetricians and Gynaecologists (1992) *Infertility Guidelines for Practice*. RCOG Press, London.
- Fitzpatrick, R. (1991) Surveys of patient satisfaction. I. Important general considerations. *Br. Med. J.*, **302**, 887–889.
- Hall, J.A. and Dorman, M.C. (1988) Meta-analysis of satisfaction with medical care: description of research domain and overall satisfaction levels. *Soc. Sci. Med.*, **27**, 637–644.
- Hull, M.G.R., Glazener, C.M.A., Kelly, N.J. *et al.* (1985) Population study of causes, treatment, and outcome of infertility. *Br. Med. J.*, **291**, 1693–1697.
- Owens, D.J. and Read, M.W. (1984) Patients' experience with and assessment of subfertility testing and treatment. *J. Rep. Inf. Psych.*, **2**, 7–17.
- Pfeffer, N. and Quick, A. (1988) *Infertility Services: A Desperate Case*. The Greater London Association of Community Health Councils, London.
- Rosenfield, D.L. and Mitchell, E. (1979) Treating the emotional aspects of infertility: counseling services in an infertility clinic. *Am. J. Obstet. Gynecol.*, **15**, 177–180.
- Scottish Office Home and Health Department, Scottish Health Service Advisory Council (1993) *Infertility Services in Scotland*. HMSO, Edinburgh.

Received on November 4, 1997; accepted on April 8, 1998

Appendix

Code No.

THE FOLLOWING QUESTIONS ARE ABOUT YOUR MOST RECENT VISIT TO THE HOSPITAL CLINIC

Tick One Box For Each Question

1.

At your most recent visit to the hospital clinic, were you taken at your appointment time?

Yes, I was taken on time or early
No, I was taken after my time

☐
☐

How long after your time were you taken?

minutes late

2.

Do you feel the time you had to wait at the hospital clinic before you were taken was:

Too long
Acceptable

☐
☐

3.

Did the doctor at your most recent visit to the hospital clinic.....

Listen to what you had to say?
Show an interest in you as a person?
Behave politely towards you?
Appear good at his/her job?
Make it easy for you to ask questions?
Appear sympathetic?
Explain things to you?
Let you take part in any decisions?

Yes

No

☐
☐
☐
☐
☐
☐
☐
☐

☐
☐
☐
☐
☐
☐
☐
☐

4.

Were there any questions that you would have liked to ask but couldn't at your most recent clinic visit?

Yes, a lot of questions
A few questions
None

☐
☐
☐

THE NEXT QUESTIONS ARE ABOUT YOUR EXPERIENCE OF THE HOSPITAL CLINIC IN GENERAL

5.

Overall were you satisfied with your most recent visit to the hospital clinic?

Very Satisfied
Satisfied
Dissatisfied
Very Dissatisfied

☐
☐
☐
☐

6.

Have you been asked to bring your partner to the hospital clinic at any time?

Yes
No

☐
☐

Please make any comments about your partner attending the clinic

7.

Have the investigations that have been organised by the hospital clinic?

Been explained to you
Involved too much repetition of tests
Taken too long to be done
Taken too long for you to get results
I haven't had any investigations yet

Tick one box for each part of the question

Yes
No

☐
☐
☐
☐
☐

☐
☐
☐
☐
☐

Please make any further comments about your investigations

Tick One Box For Each Question

8.

Have you been told enough by the hospital clinic about what is thought to be the cause of your infertility?

Everything was explained
Most things were explained
Most things were not explained
Nothing was explained

☐
☐
☐
☐

9.

Have you been given enough information at the hospital clinic about drug treatments and possible side effects?

Everything was explained
Most things were explained
Most things were not explained
Nothing was explained
I haven't had any drug treatments

☐
☐
☐
☐
☐

10.

Have you been given written information (eg. leaflets, books, diagrams) about any of these subjects by the hospital clinic?

Yes
No

☐
☐

11.

Would you have liked to receive more written information?

Yes
No

☐
☐

12.

Have you had any problems with being seen by different doctors at the hospital clinic?

Yes
No
I have only been seen by one doctor

☐
☐
☐

Please explain your answer to Question 12

13.

Have you been given a clear plan of possible investigations and treatments which may be offered to you in future?

Yes
No

☐
☐

Tick one box for each question

14.

What sort of hospital clinic would you prefer to be seen at?

One for infertility patients alone
A mixed gynaecology clinic
It is not important to me

☐
☐
☐

15.

Has the clinic given you help with the emotional side of having difficulty becoming pregnant?

Yes
No

☐
☐

16.

Has the clinic offered to arrange an appointment for you with an infertility counsellor (someone, other than the doctors at the clinic, who knows a lot about infertility, the options that are open to you and the sort of emotions you may be feeling) ?

Yes
No

☐
☐

17.

Have you received any infertility counselling arranged by the hospital clinic ?

Yes, I found it very helpful
Yes, I found it helpful
Yes, but I did not find it helpful
No, I have not had any counselling

☐
☐
☐
☐

18.

At this point in time would you take up an offer to speak to an infertility counsellor?

Yes
No

☐
☐

19.

Please rank the following aspects of your care 1 - 5. 1 being the most important to you and 5 being the least important.

The waiting time at the clinic
The doctor's attitude
The information & explanation given
The way the investigations are done
Help with the emotional side of infertility

Please enter a number in each box using each number only once

1836